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Amendment/Reply Transmittal Letter

Application No. 09/673,300

Attorney's Docket No. 001560-387

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[X] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	20	MINUS 20 =	0	× \$18.00 (103) =	
Independent Claims	4	MINUS 3 =	1	× \$84.00 (102) =	84.00
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					84.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					84.00

[X] A claim fee in the amount of \$ 84.00 is enclosed.

[] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Donna M. Meuth #39,300
for Donna M. Meuth
Registration No. 36,607

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Date: May 28, 2002

(05/02)